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**UNITED STATES AGENCY FOR INTERNATIONAL
DEVELOPMENT**

REQUEST FOR APPLICATIONS

Solicitation Number: 654-02-A-001

**STRENGTHENING MATERNAL AND CHILD HEALTH IN
ANGOLA**

APPLICATION SUBMISSION CLOSING DATE: November 13, 2001

**ISSUED BY: USAID MISSION TO ANGOLA, LUANDA, ANGOLA
&
REGIONAL CONTRACTS OFFICE, USAID/SOUTH AFRICA**

DATE: October 5, 2001

**Issued under the Authority of the Foreign Assistance Act of 1961, as amended, and the
Federal Grants and Cooperative Agreements Act of 1977**

GENERAL SUBMISSION INSTRUCTIONS

Issuance Date: October 5, 2001
Closing Date: November 13, 2001

USAID/Angola, with support of the Regional Contracts Office, USAID/South Africa is considering the award of one Cooperative Agreement to support a Maternal and Child Health Program to be based in Luanda, Angola. The current term of the program is four years. Total funding available for the program is \$7,500,000. Applications for funding must be received before November 13, 2002 at 3:00 PM at Regional Contracts Office, USAID/South Africa. The transmittal envelopes should clearly state the applicant's name and address and that it is response to Request for Application (RFA) 654-02-A-001

Applications can be sent to **one** of the two following addresses:

U.S. Mailing Address:

USAID/South Africa
Attn: Regional Contracts Officer
9300 Pretoria Place
Washington DC 20521-9300

Hand Carried/Courier Service Address:

USAID/South Africa
Attn: Regional Contracts Officer
Sancardia Building, Ninth Floor
524 Church Street
Pretoria, South Africa

Applications should be submitted in three copies: one (1) unbound, single-sided original and two (2) bound, double-sided copies of the application. We also request that applicants also submit one (1) version on diskette in Microsoft Word.

In addition to the Certifications attached to this RFA, applicants must submit with their application the Self-Certifications pertaining to compliance with applicable federal and USAID accepted policies for personnel, travel, and procurement systems. If the applicant has not yet completed these certifications, it may obtain a self-certification package from:

Mr. Steve Tashjian, M/OP/PS/OCC, Room 7.08-061
1300 Pennsylvania Ave., NW
Washington, D.C., 20004-3002
Phone: 202-712-5321; Fax: 202-216-3143

All applications shall be in English. Paper may be US letter-sized or A4 size. Applicants should limit the body of their application to thirty (30) pages plus annexes/attachments of up to forty (40) additional pages. All annexes should be clearly marked and listed in a table of contents. All annexes and/or supplementary documents must be in English or accompanied by an English translation.

Unnecessarily elaborate brochures, photographs, expensive paper and bindings, and visual and other presentation aids beyond those sufficient to present a complete and effective application in response to this RFA are neither necessary nor wanted.

Any prospective applicant who has a question concerning the contents of the RFA should submit the question in writing to the Regional Contracts Office, USAID/South Africa (fax number 27 12 328 3718, attention Francinah T. Hlatshwayo, Regional Contract Office) by October 22, 2001.

An electronic version of the Country Strategic Plan referred to in this RFA as "new strategy for period 2001 - 2005" is available from the Regional Contracts Office in Pretoria. E-mail: Francinah T. Hlatshwayo via internet: <fhlatshwayo@usaid.gov>

SECTION 1 – PROGRAM DESCRIPTION

A. BACKGROUND

Angola and Brief History

Angola is situated on the west coast of Africa and is bordered on the north by the Congo and DROC, on the southeast by Zambia, on the south by Namibia, and on the west by the Atlantic Ocean. At 1,246,700 sq km, Angola is slightly less than twice the size of Texas. The population is estimated at approximately 12 million, with one-quarter of the population living in Luanda, the capital situated on the Atlantic Coast. Angola's climate varies considerably from the coast to the central plateau and even between the north coast and the south coast. There are two seasons: a dry, cool season from June to late September and a rainy, hot season from October to the end of May. Rainfall varies from 8 to 80 inches and average temperature ranges from 20C(68F) to 26C (79CF).

Angola is rich in natural resources, including petroleum, diamonds, iron ore, phosphates, copper, feldspar, gold, bauxite and uranium. In the seventies it was an exporter of foodstuffs, particularly coffee and maize.

War has ravaged Angola since the mid 1960s until 1994. It caused half a million deaths, displaced close to one-third of Angola's population, and left a devastating legacy of landmines that continue to kill and maim innocent civilians. The number of civilian ex-combatants and the vulnerable war-affected individuals and families far exceed the documented number of Internally Displaced Persons (IDPs). The 1994 Lusaka Accords brought a temporary end to fighting and permitted return of many previous IDPs to their own villages. In 1998 the National Union for the Independence of Angola (UNITA) abandoned the provisions of Lusaka Accords. Full-scale warfare resumed causing many rural residents to flee to the comparative safety of the provincial cities and the total of IDPs in Angola increased to over 2 million. Poverty and disruption of agricultural production have adversely affected food security resulting in widespread malnutrition. FY 2000 was marked by significant military gains by the Angolan Armed forces (FAA), consolidating and expanding Government of the Republic of Angola (GRA) control over the provincial capitals and relegating UNITA to guerilla warfare.

USAID/Angola

USAID/Angola started operations in 1996 after the Lusaka peace protocol was signed. USAID's previous strategy for Angola was for the five-year period from FY 1996-2000. That strategy was based on a transition-to-peace scenario in the aftermath of the signing of the Protocol. Through 1995 the USAID program was managed by the Bureau of Humanitarian Response (BHR)/Office of Food and Disaster Assistance (OFDA) Emergency Disaster Response Coordinator in Angola and through USAID/Washington and was strictly humanitarian and transition assistance. In FY 96 a USAID office was established in Luanda. The initial programs funded by USAID were relief in nature and included specific health interventions, such as immunization campaigns, emergency feeding, and service delivery. These programs were implemented almost exclusively by US private voluntary organizations (PVOs) that had been implementing emergency relief programs.

USAID/Angola developed a new country strategy and, after approval in August 2000, began to implement the new strategy for the period FY 2001-2005. The new strategy addresses emergency humanitarian needs in the more insecure areas of the country. It continues transitional programs in the Planalto areas of the country that have recently improved security conditions but remain subject to insecure conditions and restricted movement. The strategy also addresses developmental programs in selected locations that have been relatively secure or conflict free in recent years such as western Huíla province, coastal regions of Benguela and Kwanza-Sul, and Luanda and Cabinda provinces. The new strategy addresses each of the three strategic objectives in the sectors of Food Security, Health, and Democracy and Governance.

USAID's strategy focuses on the initial steps being taken to effect a transition to peace. It addresses reintegration of ex-combatants and repair of physical infrastructure including key transport, communications and utility networks. It strengthens the foundation for a sustainable public health system, including the rehabilitation and reconstruction of facilities and structures, basic sanitation and delivery systems. Likewise, it seizes opportunities for initiatives leading to long-term sustainable development, such as strengthening national programs in maternal and child health, malaria control and HIV/AIDS prevention. The need for a resettlement program for those presently receiving emergency relief such as general food rations is also taken into account, as is increasing food security for other war-affected and smallholder farmers in need of assistance to increase production and expand markets. In the area of governance, the strategy will work towards strengthening local government institutions, including the capacity for local resource mobilization and fiscal management, the restoration of law and order, and the strengthening of civil society.

The strategy also includes four cross cutting themes. The first is human capacity development. The focus will be not only on training, but also on interventions to improve the environment in which individuals will apply newly acquired skills. The second theme is gender, since women constitute over 50 percent of the Angolan population. The problems of traditional gender-based extreme poverty, and lack of education/information will be addressed. The third theme is public-private partnerships wherein USAID/Angola will try to leverage private sector resources to benefit greater numbers of Angolans. The final theme is regional integration to promote a viable regional economy that will benefit both Angola and the US.

GRA Health Objectives

The GRA has designated health and education as the two social sectors of particular importance. Primary health care is emphasized, as the national network of health facilities was severely damaged in the 1992 war and remains largely inoperative at present. Many areas in the country have no health facilities or access to medical care of any kind. Vaccinations, maternal and child care, malaria prevention, family planning, AIDS prevention, tuberculosis control and provision of essential drugs are included in the government's plans. The GRA is fully cognizant of the public health problems that the country is facing. Policies are already in place to support child survival and maternal health. In most cases the treatment protocols are consistent with international standards. The GRA is a signatory to all major international agreements related to health. For the 1999-2001 period, the priorities of the GRA are improving child health, including carrying out Expanded Program on Immunization

(EPI) campaigns, National Immunization Days (NIDs), strengthening the cold chain, adopting the Integrated Management of Childhood Illnesses (IMCI) approach for the country, and appropriate malaria and diarrhea management. For maternal health, the priorities are reconstruction and rehabilitation of six provincial maternity hospitals, procurement and distribution of contraceptives nationwide, and the training of traditional birth attendants. For HIV/AIDS, the priorities are integration of sexually transmitted infections (STI) programs within the HIV/AIDS program, purchasing and distribution of condoms, social marketing of condoms and carrying out behavior change communication campaigns. For maternal health, child health, malaria and HIV/AIDS, the GRA also plans to update national policies and service delivery guidelines. Improving data collection and other aspects of the health information system are also priorities of the government.

Critical Assumptions:

The assumptions that are critical for the implementation of this strategy are:

- United States interest: The US will continue to have a strong national interest in the stability of Angola.
- Security/military situation: Despite continued guerrilla activities by UNITA, the Government of Angola (GRA) will maintain control of the area around Luanda and the program sites will remain free from guerilla attacks.
- GRA/MOH commitment to and support of improved health services to Angolans by facilitating supply of essential drugs; payment of MOH staff; maintenance of facilities, and posting critical staff to areas of high need.
- Continued supply to cover shortfalls of essential drugs, vaccines, contraceptives, condoms, and other supplies.
- GRA increasing support to and prioritization of the health sector as planned.

Request for Applications (RFA)

This RFA focuses on Maternal and Child Health under Strategic Objective #7: “Increased utilization of MCH and HIV/AIDS services and /or products and improved health practices.” In spite of the war and internal displacement of large populations, and poor infrastructure, Angola has the potential to build capacity to increase access and demand for maternal child health services and improve the quality of those services, thus providing life-saving health and nutrition interventions to mothers and children. The proposed MCH program aims to enhance capacity to deliver quality services, care and up to date standards and guidelines that are already underway in the Department of Public Health in Luanda Province that may be disseminated more widely in Luanda (from target *município(s)* for the activity to other areas in Luanda province) and other provinces where Bureau of Humanitarian Response (BHR) currently has health and food security programs. Support for expanding current better practices that are evidence-based and life saving, improving quality of care, and increasing access and demand for MCH services will be provided largely through existing plans and programs. Activity areas are 1) improving quality of care at selected facilities, including provision of technical assistance, renovation and restoration of facilities, and provision of essential equipment 2) finalization, when necessary, and distribution/dissemination of basic life-saving MCH guidelines and standards to include printing and distributing materials, conducting related training and seminars and using other dissemination vehicles as necessary, and 3) improving basic MCH related information for mothers and pregnant women and finding ways to better communicate critical information to these women and their families.

An electronic version of the Country Strategic Plan referred to in this RFA as “new strategy for period 2001 – 2005 is available in electronic form and will be forwarded upon request.

A. PROGRAM OBJECTIVES AND PROPOSED RESULTS

USAID/Angola's strategic goal for the next five years is: “Households and communities in targeted areas improve their food security, their health status, and their participation in political processes.” MCH interventions will contribute to USAID agency goals and GRA policies. The activities will be implemented largely through existing structures and programs already in place through the Luanda Provincial Department of Public Health. Other provinces will be able to benefit through participation in training, access to MCH related materials, IEC approaches and materials, and quality of care improvement tools.

USAID Angola's Strategic Objective (SO) 7

The USAID mission's Health Strategic Objective is: “Increased use of maternal and child health (MCH) and HIV/AIDS services and/or products and improved health practices. This SO contributes directly to the mission goal. This SO also contributes to USAID's overall objectives for population, health, and nutrition, namely:

- Infant and child health and nutrition improved and infant and child mortality reduced.
- Unintended and mistimed pregnancies reduced.
- Deaths, nutrition insecurity, and adverse health outcomes to women as a result of pregnancy and childbirth reduced.

- Threat of infectious diseases of major public health importance reduced.
- HIV transmission and the impact of the HIV/AIDS pandemic in developing countries reduced.

Intermediate results

USAID Angola's Health Program aims to increase use of health-care services and products for maternal and child health (MCH) and HIV/AIDS. USAID health activities will focus on children under five, and women of childbearing age while the HIV/AIDS prevention program targets the high-risk group of commercial sex workers and youth.

Expected results include:

- IR 7.1 Increased Access to MCH Services
- IR 7.2 Increased Demand for MCH Services
- IR 7.3 Increased Quality of MCH Services
- IR 7.4 Increased Access to Condoms
- IR 7.5 Increased Demand for Condoms
- IR 7.6 Improved Enabling Environment

USAID's health program continues to focus on reducing child mortality, particularly from diseases such as tetanus, yellow fever, polio and malaria. USAID, through this agreement, will introduce a program to reduce maternal morbidity and mortality from pregnancy and childbirth. In coordination with both the Government of Angola (GRA) and the private sector, USAID is developing a separate social marketing initiative to combat HIV/AIDS and to contain its spread within Angola.

Making basic health services accessible is necessary for achieving increased use of services. Access to services is seriously restricted due to the collapse of physical infrastructure and paucity of GRA support. Informed demand is critical to ensuring that health services are used. There are significant knowledge gaps in malaria, diseases associated with diarrhea, and nutrition. Few mothers know how malaria is transmitted or how to treat diarrhea. Along with access to and demand for services, focusing on improving the quality of services is an integral part of the MCH program.

The priorities for this MCH strategy are to work towards IR 7.1, 7.2, 7.3 and 7.6. This project will also be linked to IR 7.4: Increased Access to Condoms and IR 7.5: Increased Demand for Condoms. This activity will increase demand for condoms through health education activities to teach women about the risks of acquiring a STI, including HIV-AIDS and methods of prevention. Post-partum women will also be given information about the health benefits of birth-spacing for the mother and child, and condoms will be promoted as one method, in addition to other methods of contraception.

The MCH strategy for this agreement will directly contribute to USAID Angola's intermediate results, and a performance monitoring system will be developed to support this.

B. BACKGROUND AND RATIONALE FOR MATERNAL, INFANT, AND CHILD HEALTH FOCUS AND GEOGRAPHIC FOCUS

Angola has among the highest infant, child, and maternal mortality in the world. Infant and under 5 mortality rates are estimated to be 166/1000 and 274/1000 live births¹, respectively, based on the only nationally representative household survey data available (INE-UNICEF, 1997). These figures do not include data for displaced populations living in camps. Levels among camp residents are currently estimated to be quite high (a recent UNFPA analysis found infant mortality to be 236/1000 and child mortality to be 395/1000, FNUAP/ANGOLA, 2000). Based on small scale studies, the maternal mortality ratio is estimated to vary between 1200 and 2100/100,000 live births and reportedly as high as 4000-8000/100,000 live births in some provinces. Great differentials were not found according to urban-rural residence. Given the fluid security situation in the provinces, and the migration in and out of Luanda Province, these levels are likely to be highly variable over place and time.

Pediatric admissions and deaths in Luanda and the Provinces suggest that malaria, respiratory infections, diarrhea, malnutrition and perinatal causes are the primary immediate causes of morbidity and mortality throughout the country. In addition, malnutrition is an important underlying cause, as over 42% of children under five are moderately or severely underweight, while more than half are stunted (INE-UNICEF, 1998)². Because forced displacement has increased during the past three years, the levels of malnutrition are probably significantly higher. The current levels of malnutrition are among the highest in Sub-Saharan Africa. Even in Luanda, the major pediatric hospital's statistical data system is telling of an urban silent emergency. Severe malnutrition is the fourth leading primary diagnosis at admission in pediatric facilities in Luanda and the fourth leading direct cause of death. More than one third of hospital admissions for severe malnutrition did not survive and the number of cases of malnutrition has risen exponentially during the past five years.

Micronutrient deficiencies appear to mirror the level of general under nutrition in the country, though again, data result from small scale studies of accessible populations or hospital record studies. A probability survey of Vitamin A status suggests that more than 60% of children suffer Vitamin A Deficiency. Very little systematic information is available regarding other specific deficiencies such as iron and iodine deficiency; however, small scale studies, hospital data and the general nutritional profile of Angola suggest that these deficiencies, too, are likely to be among the highest levels in Africa. The problem of anemia deserves special attention. The combination of high infection rates of malaria and poor dietary intake of iron result in severe anemia, which is commonly seen in health centers in Luanda.

In Angola, maternal health is both an area of critical need in its own right as well as a major determinant of child survival. Maternal mortality ratios here are among the highest documented levels in the world, even within relatively secure areas such as Luanda. Maternal mortality exhibits an unusual pattern in Angola. Here, malaria has been associated with approximately 25% of all maternal deaths. While the causal chain directly linking malaria and maternal deaths remains unclear, it is likely that, the high level of severe malnutrition and

¹ Infant and child mortality estimates are based on the only probability household survey results available in Angola, the Multiple Indicator Cluster Survey (MICS), which was sponsored by UNICEF and executed by the INE. Given the security and logistical access problems that existed during the time of the survey, as much as 20% of the population may not have been included in the final sample. Therefore, it is likely that estimates from this survey actually underestimate the levels of mortality and overestimate information related to service utilization and general socio-economic conditions of families.

² Again, the MICS survey estimate is likely to be low as populations difficult to access and camp residents were not included in the survey.

widespread drug resistance in this region, are significant contributors to maternal mortality. The most prominent direct cause of maternal mortality, hemorrhage, may also be associated with malaria which results in anemia and its complications.

Many factors influence maternal and child mortality in Angola. A devastated infrastructure and lack of access to modern health care of the Angolan people for the past thirty years has resulted in low utilization levels of primary, secondary and tertiary health care. The vast majority of births in both urban and rural areas are not assisted by trained personnel. While the majority of women within major urban areas have had some prenatal care, the quality of care is often very low due to the lack of supplies and absence of personnel. Child immunization levels remain low for similar reasons and maternal recognition and management of her health problems as well as her child's remains limited. Mother's recognition of illness and illness management skills also are among the lowest in Sub-Saharan Africa.

Limited access to, quality of and demand for modern maternal and child health services are the underlying determinants of this situation. Even in Luanda, the capital, primary and secondary care are very limited. In "*Municipios*" serving as many as 750,000 people, there may be only five or six health facilities. Quality of available services is often compromised by lack of running water, electricity and basic supplies and equipment. Personnel is a critical problem in both Luanda and the provinces. Of 25,000 health workers officially employed by the MOH, 9,500 of these are in Luanda. However, even in Luanda, these workers are widely engaged in private sector activities in order to compensate for intermittent pay and a poor working environment.

Except for the national polio eradication program and small-scale PVO programs, systematic outreach programs are not common. Although this is one strategy to address the problem of access, little has been done in this area to date. For all of these reasons, hospital mortality in Luanda is astronomical, even though central hospital facilities are of high quality.

As a result of low access, poor health practices and limited illness recognition, demand and utilization of MCH services throughout the country is low. Thus the poor health and nutrition status of the Angolan population, combined with very limited access to quality health services has resulted in the extraordinary rates of maternal and child mortality.

While the problem of maternal and child health presents an enormous challenge, USAID has determined that the conditions required to move towards sustainable development of a national MCH program are in place. Both the Central and Luanda Provincial levels of the MOH have made great strides towards elaborating a package of MCH services as well as the policies, norms and guidelines required to implement these. MCH personnel in key leadership positions have assumed both technical and organizational leadership, as evidenced by the CAOL, Coordination of Obstetric Assistance in Luanda and CAPEL, Coordination of Pediatric Assistance in Luanda, initiatives. CAOL was launched in 1989 by the Luanda provincial government in partnership with the Swedish Cooperation to relieve the demand on the national maternity hospital for normal birth, bring maternity care as close to the community as possible, and improve the skills of midwives. The need for a similar system for health care for young children was recognized and this has led to the more recent development of CAPEL. Both coordinating bodies are dedicated to expanding the number

and quality of services that reach communities. This agreement will support both of these initiatives.

In addition, there is considerable commitment by the key international organizations as well as major donors including WHO, UNICEF, UNOCHA, and the Swedish and Italian assistance programs and opportunities to partner with these organizations need to be assessed and seized.

Based on the extraordinary levels of maternal and child mortality, and especially infant mortality, this program will focus on the perinatal period, together with antenatal care and early childhood care. The USAID supported MCH program will build upon the current CAOL and CAPEL initiatives as well as leverage its health related investments related to HIV and malaria. The focus will be on supporting the current integrated package of MCH services developed by the two initiatives which include: safe births, micronutrient supplementation of mothers and children, immunization, malaria prophylaxis and treatment, early treatment of childhood illness, family planning, and HIV/STD prevention

Geographic Focus

While the entire country has great need for improved MCH services, the Mission has chosen a Luanda-centered MCH support approach for several reasons:

- Security concerns. Luanda is accessible whereas much of the interior is at high security risk.
- Luanda is home to more than 25% of the country's population.
- Health status and health care services in many parts of the city are comparable to those of the provinces.
- Logistical costs and difficulties associated with provincial work seriously constrain a relatively limited program budget. Therefore, the Mission anticipates greater cost effectiveness of resources invested in Luanda, at the present time.
- Unavailability of MOH personnel at the Provincial level. Until human resources management policies are developed and adopted by the MOH and until security conditions improve in the provinces, health care in most USAID geographic focus areas will continue to be provided largely by ex-patriate staff who are there through humanitarian funding. This seriously constrains the Mission's vision for use of its DA funds; that is, to strengthen host country capacity to provide access and demand to services and/or products.
- The Luanda-centered approach includes components to strengthen national and provincial policies and systems. This component is expected to have national reach and is intended to prepare the government to undertake health system rehabilitation and have a framework

- A Luanda-based program will enable the recipient of this award more continuous access to national health leadership within the government and donor communities and thus will support USAID's leadership role in the health sector.

Thus, while the program will be Luanda-centered, we anticipate that work at the provincial and national level will support the development of a framework for improving quality of care that will have national reach. It is also anticipated that training opportunities provided through this program will include participants from the regions. Specifically, it is expected that the dissemination activities under this program will reach, at minimum, USAID/BHR priority provinces (Bié, Benguela, Malange, Kwanza-Norte, Kwanza-Sul, Huila, Huambo and Moxico). It is anticipated that the recipient will closely link with others receiving USG funding who are working within the provinces under other SO activities, and those undertaking health activities under humanitarian assistance funding.

The national level and provincial level partners, including CAOL and CAPEL, have indicated that the Cazenga area of Luanda is one potential area for the activities of this project. Cazenga is, for example, a vast slum area, home to an estimated 1,000,000 people. All health indicators are extremely poor and it is home to many IDPs who have fled war ravaged areas of the country for the safety of Luanda. Luanda born, and IDPs who arrived many years ago with the range of newcomers comprise the population. The government has one provincial hospital, five health centers, and seven health posts there. However site selection will be finalized in partnership between provincial and project staff shortly after the project staff is established. In the meantime, this USAID RFA refers to *município* as the geographic selection.

D. SPECIFIC PROGRAM INTERVENTIONS

This agreement will support the expansion of the use of better practices within the CAOL and CAPEL initiatives. These better practices are both evidence-based and life-saving. The plans include a strong set of interventions and in some facilities they are practiced. However, there are; a) gaps in the essential drug, contraceptive, condom, and supply pipelines; b) insufficient numbers of trained staff to implement the integrated package; c) insufficient support for the dissemination of guidelines and standards for the interventions and; d) insufficient number of health facilities and most in need of rehabilitation.

The work to be performed under this award will largely take place in a *município* of Luanda and will be an institution-based, peri-urban program. The *município* will be selected by the project staff in collaboration with provincial level health authorities and will determine where there is need and gaps to be filled, but where CAOL and CAPEL initiatives have already begun. These initiatives support a referral network of health posts, health centers, two municipal hospitals and the central referral pediatric and maternity hospitals in Luanda for the purpose of increasing and improving care closer to the community so that referrals are timely, referral facilities are not overburdened, and optimal care can be given to improve survival. CAOL and CAPEL are MOH initiatives supported by Swedish SIDA and the MOH.

The USAID MCH activity will be an integrated maternal and child health (MCH) program that addresses the USAID mission goal of improving health status via strategic objective (SO) #7-- "Increased utilization of MCH and HIV/AIDS services and /or products and improved

health practices.” Through a program that focuses on quality care in selected institutions, this program will support an improved enabling environment, increase access and demand, and thereby address mission intermediate results (IRs) 7.1, 7.2, 7.3, and 7.6.

Activity areas are 1) improving quality of care at selected facilities, including provision of technical assistance, renovation and restoration of facilities, and provision of essential equipment 2) finalization, when necessary, and distribution/dissemination of basic life-saving MCH guidelines and standards to include printing and distributing materials, conducting related training and seminars and using other dissemination vehicles as necessary, and 3) improving basic MCH related information for mothers and pregnant women and finding ways to better communicate critical information to these women and their families.

Activity 1: Improving Quality of Care at selected facilities, including renovation, restoration, and provision of essential equipment

In support of IR 7.1, “Increased Access to MCH Services”, IR 7.3, “Increased Quality of MCH Services, IR 7.4 “Increased Access to Condoms, and 7.6 “Improved Enabling Environment” the following are components of activity one:

- Within the selected *município* a limited number of facilities (3-4) will add delivery services to the existing set of interventions given at the site. Referral systems for deliveries will also be established. *Sala de Partos* (birth/delivery rooms) at each of these facilities will be brought to an adequate standard, in some cases requiring renovations or additions. Basic equipment, such as blood pressure apparatus, lamps, basins, etc., or provision of a generator may also be required.
- Up to eight sites in the *município* will be supported to improve quality of care of the integrated package of services promoted by CAOL and CAPEL. This will be done by having staff trained as required under “activity 2” training activities, using job aids, using other quality improvement tools, and using the supervision system developed by CAOL and CAPEL. It is anticipated, in support of the dual initiatives, that within antenatal care, focus will be on iron folate supplementation, chloroquine or fansidar prophylaxis, tetanus toxoid immunization and health education on STI/AIDS prevention and treatment planning for delivery with a skilled birth attendant and an emergency plan. For birth, use of the partogram, clean delivery and universal precautions, and active management of the third stage with oxytocin will be promoted. Postpartum/newborn care will focus on reaching mothers and newborns in the first 24 hours after birth to assess for complications, promote birth spacing, breastfeeding, and STI/AIDS prevention (including access to condoms), and provide vitamin A and iron supplementation to the mother. For children under five, the program will focus on immunization, vitamin A supplementation, nutrition health education, early treatment of childhood illness, and early recognition of signs and symptoms of life-threatening complications. Treatment of complications will focus on simple resuscitation of the newborn and life saving treatment for the major killers—malaria and hemorrhage in the mother and malaria, diarrheal disease and acute respiratory disease in children. Referral systems will be established or reinforced.

- Minor renovations, such as painting, tiling, hookups for running water, etc., that cannot be funded by government or other donors may be made at the eight sites
- Using quality improvement approaches, explore ways to improve interpersonal communications between service providers and clients.
- Capacity-building of staff, primarily midwives and nurses, in technical areas, problem solving, and using data for decision making.
- Support the current monitoring system designed by CAOL and CAPEL to measure quality improvements at facilities and add, as needed, elements for USAID reporting requirements.
- In collaboration with provincial partners, plan and implement a system for communicating lessons learned for policy dialogue at national and provincial levels.

The project is dependent on the current system for essential drugs, contraceptives, condoms and supplies. Presently the national and provincial governments have procurement plans for these supplies, and contingency plans for supply are also utilized. The project will work closely with MoH officials to ensure active participation at the national as well as provincial level and will link its activities through the provincial government to EPI, RBM, AIDS, Polio eradication, etc. In a challenging primary health care environment, such as Luanda, there is room for quality improvement at all levels. Realistic goals and objectives and a time frame for results for “activity 1” will be set by the project team and partners from CAOL and CAPEL during the first three months of the project.

Activity 2: Finalization, when necessary, and distribution/dissemination of basic life-saving MCH guidelines and standards to include printing and distributing materials, conducting related training and seminars and using other dissemination vehicles as necessary

Activity 2 will also support IR 7.1, “Increased Access to MCH Services”, IR 7.3, “Increased Quality of MCH Services, IR 7.4 “Increased Access to Condoms, and 7.6 “Improved Enabling Environment”. Building on lessons learned from facility based work, the use of high quality guidelines and standards will be pursued. To be able to disseminate guidelines and standards of care with the ultimate goal of them being used correctly requires several approaches. Developing/revising/updating them and printing and distributing them, are necessary, certainly. Additionally it may be necessary to bring people together to discuss the related issues (during development phases and implementation phases), using training sessions, workshops, or seminars. Committees may need to gather to review progress at any variety of stages. The following are components of “activity 2”:

- Update, when necessary, guidelines and standards of care for interventions included in the integrated package (as described under “activity one”) in user-friendly formats.

- Develop “job aids/reminders” in support of guidelines and standards that can be used at the facility level for use in Luanda and other provinces.
- Print and disseminate agreed to (at national and provincial level) guidelines, standards, and job aids. Coordinate with government, NGOs and bi-and multilateral donors to support this activity.
- Support committees to finalize standards and guidelines and design related training.
- Conduct/support training courses, primarily training of trainers, seminars and workshops to facilitate the use of guidelines and standards and job aids. Participation in these is expected from Luanda and other provinces. A plan for selection of participants for these events should be drawn up with provincial partners both in the MoH and within CAOL and CAPEL.
- Adapt or design, and implement a monitoring system to measure the outcomes of this activity for use at the national and provincial levels and by USAID’s reporting system.

Activity 3: Improving basic MCH related information for mothers and pregnant women and finding ways to better communicate critical information to these women and their families.

Activity 3 supports all of USAID Angola’s intermediate results; IR 7.1 Increased Access to MCH Services, IR 7.2 Increased Demand for MCH Services, IR 7.3 Increased Quality of MCH Services, IR 7.4 Increased Access to Condoms, IR 7.5 Increased Demand for Condoms, and IR 7.6 Improved Enabling Environment.

Although Luanda presents special challenges in defining “community”, the community plays a vital role in the success of MCH programs. Men, women, adolescents, and children expected to use services must be listened to so that services are provided appropriately in a way in which community members will use them. Demand, access, quality, and an improved environment are dependent upon the opinions, understandings, and knowledge of those who the services are meant for. It is important for the project to understand why certain health seeking behaviors are practiced, and to understand how the service delivery system the project is strengthening can meet expectations of the system’s clients.

Components of activity three include:

- Define catchment areas for the facilities to be strengthened with provincial partners.
- Conduct qualitative assessments to learn about the level of knowledge, the attitudes towards and perceptions related to pregnancy and birth as well as of the health system, health seeking behaviors, concerns about services, perceived barriers to utilization of services, and general feelings about community members needs and desires for health care. Use this information to improve the quality of

services and to appropriately communicate needed information within the community.

- With continuous involvement and consultation of community members, revise/design approaches to communicate critical health messages and information within a community and implement these approaches.
- Develop and implement, with facility staff and community partners and members, a monitoring plan to measure outcomes of activity three to be utilized by both the provincial partners and USAID reporting.

Monitoring, Evaluation, Assessment

As part of Activities 1, 2 and 3, a monitoring component to measure process and outcome results will be improved/designed and implemented to satisfy provincial needs and USAID reporting and R4 requirements. The MCH project will work with CAOL and CAPEL and the USAID mission to harmonize a set of indicators to be measured. Within the first six months of project implementation, this monitoring system will be designed.

As part of activity 3, qualitative assessments will be implemented within catchment areas of assisted facilities to assess demand, access, and quality of services, and to aid in designing an information, education, communication component with community involvement.

From the perspective of USAID/Angola, the two most important objectives of the monitoring activities are 1) to use data to improve the design and management of the project and better serve needs of clients, and 2) provide measurements for USAID/Angola's R4 reporting, so that the mission can demonstrate progress toward results.

E. TRANSITION

Background and general considerations

USAID/Angola's Strategic Plan for the period 2000 to 2005 is unique among Sub-Saharan African countries in that it envisions a relief to development transition across the three primary SO's and the SPO. In contrast to numerous African countries affected by conflict in the region, Angola has a rich natural resource base, combined with a strong private sector presence (notably, American private sector presence). Therefore, it is anticipated that country-wide transition to sustainable development is possible for Angola if the security situation abates. The Mission, therefore, through its development resources, is one of the principal donors supporting the development of frameworks and strategies to facilitate national-level transition to sustainable development. At the same time, it is supporting progressively, extension of transition and development activities, where conditions are favorable.

For an MCH program it is important to keep in mind that post conflict countries often experience explosive HIV epidemics for several reasons. Commercial sex activity is high among populations with severe poverty conditions and also high among the military

personnel. In addition, populations emerging from conflict are typically unexposed to information related to HIV/AIDS, so they lack even the basic knowledge of how to prevent transmission. Also, the supply of condoms is low. For all these reasons, careful consideration of the priority of HIV prevention should be given and if peace does take hold, HIV prevention should increase in importance within this program.

Because of this unusual context, the MCH project must build flexibility in to the approaches to the extent possible and they should also carefully monitor the changing context, developing contingency plans for different future scenarios.

How the health program will support transition

The MCH program will support the Mission's five year strategy to promote transition to sustainable development through effective use of a variety of humanitarian and development program instruments. The humanitarian community, including many OFDA-sponsored PVO/NGO grantees, have a number of years of experience in providing health care in Angola. In several provinces, PVO/NGO staff are the major health care providers. In fact they are literally "holding up" the health sector in several war-affected provinces. The Food for Peace Program funds agricultural rehabilitation programs in several provinces through multi-year programs. Mission-funded social rehabilitation funds also provide another avenue for collaboration and the exchange of lessons learned.

The MCH program will support the Mission's goal to promote a transition to sustainable development in the following ways:

- Facilitating the development of the public sector-led maternal and child health system, including policies, norms and standards, coordination and operational procedures at the central and provincial level. This will contribute to the framework for a health system that can be progressively implemented in the selected BHR provinces by MOH and implementing partners. The CA will ensure that dissemination activities include provincial level MOH staff as well as BHR grant recipients.
- Extending training opportunities offered under this cooperative agreement to provincial health officers and BHR-sponsored staff. There is good precedent for donor collaboration in supporting travel, for example, of provincial staff. The CA will be expected to leverage funding from other donors to support participation of appropriate selected provincial, and possibly, municipal staff. BHR-funded personnel would be expected to cover costs under their grant agreements, insofar as the grant agreements allow.
- Putting in to place mechanisms to facilitate lessons learned between the BHR-sponsored and MCH CA's. Angola is a priority in OFDA funding. A large percentage of this assistance supports health activities. While OFDA grants are typically in the six month to one year range, many organizations have received continued funding for many years and therefore have considerable experience in working with the health problems and systems of Angola.

- Advocating for MCH program standards and funding in humanitarian programs that are consistent with good standards of practice through participation in Office for Coordination of Humanitarian Affairs (OCHA) -led sector groups, training/dissemination activities, coordination with BHR-funded partners, and coordination with key donors.
- By developing planning and management mechanisms that ensure sufficient input and coordination with related mission programs in the health sector. The SO team will work closely with the grantees of OFDA health funds. The recipient of this CA will consult the OFDA representative at the Mission together with OFDA grantees in the health sector during the initial planning phase of the MCH health program. OFDA grantees will be invited to quarterly program management meetings.

The Mission also manages four programs that support support social rehabilitation but are not yet integrated into the current Strategic Objectives. Three of these are funded by the Global Bureau DCOF and the fourth is Mission funded, and will be drawing to an end this year. At a minimum, these programs provide lessons related to reintegration that will be helpful in planning a new MCH program. The CA is encouraged to consult the CA 's that are implementing these activities.

The CCF “Future Initiatives for Angolan Children and Youth” program is a community-based psychosocial assistance program for war-affected children and youth. This program provides significant opportunity for linkage as well as lessons learned that may be of value to the MCH program. The CCF program may be able to promote health messages and behaviors related to the program. In addition, the CCF program has learned valuable lessons about the determinants of health seeking behavior and poor health which will be useful for planning the new MCH program.

Save the Children/UK is implementing a “Tracing and Family Placement” program as well as other initiatives that are of importance to planning the new program. Save has undertaken in-depth socio-behavioral research on social problems and their determinants in selected Luanda *bairros*. They are working closely with communities and civil society groups.

The IOM/MINARS “Community Assistance and Reintegration” program focuses on demobilization. Although the program with USAID is ending in August, the CA should explore, with the IOM, potent linkages between health and demobilization activities.

F. LINKING WITH OTHER PARTNERS

Linkage with BHR activities

USAID’s Bureau of Humanitarian Response (BHR) supports humanitarian and capacity building through health interventions in Angola. Two offices within BHR, the Office of Private and Voluntary Cooperation (PVC) and the Office of Foreign Disaster Assistance (OFDA) provide assistance, support interventions through UN and INGO actors in the health sector in Angola. BHR’s Food for Peace (FFP) Office also provides humanitarian assistance

for Title II monetization through four NGOs that target assistance to support re-energized agriculture in the Planalto region.

Proposed applicants will consider a range of options that do the maximum possible during the project period to foster critical links for sharing information with BHR supported activities. An illustrative example of this would be coordination and sharing of better practices around OFDA-supported International Medical Corps' efforts to decrease maternal mortality in Huambo, Malange and Uíge provinces. Proposed interventions will also take into account related programmatic information collected or learned by INGOs involved in humanitarian health activities as well as seeking to support and reinforce their efforts to decrease maternal mortality.

Private Sector Involvement

The Mission Strategy places an emphasis on linking development activities to the private sector and creating opportunities for partnership with the private sector in general. More specifically, the oil companies have expressed interest in fostering activities that support MCH programs in Luanda. The feasibility of and potential action plan for partnering with the oil companies or other private sector firms to leverage additional assistance for MCH activities should be explored and reported on during the first year of the project.

International Organization Relations

Key international organizations engaged in related activities in the health sector include WHO, UNICEF, UNFPA, UNOCHA, WFP and UNDP. WHO will receive direct funding from USAID to implement malaria interventions. It already receives money for the polio eradication program. The CA is expected to work closely with WHO on supplies and other inputs in project geographic areas where needed. UNICEF receives funding through OFDA to undertake a multi indicators cluster survey (MICS) to standardize nutrition assessment methods and coordinate assessments and standardize treatment protocols. The CA should collaborate with UNICEF to strengthen the nutritional component of the program as well as work to reinforce routine immunization in catchment areas.

UNOCHA has received a grant from OFDA to fund emergency grants. It is anticipated that the CA would work with BHR-funded grantees and other implementing agencies to apply for appropriate MCH-related activities as needs and opportunities arise.

In addition to IOs that directly fund health-related activities, the World Bank funds FAS, a social reconstruction fund that rehabilitates community health, education and water/sanitation infrastructure. The CA should explore the possibility of collaborating with FAS to increase access to health and environmental infrastructure in project areas.

A key donor in the field of maternal health is the Swedish Cooperation which has provided upgrading of facilities, training and technical assistance to maternal care facilities in Luanda and has supported the work of CAOL and CAPEL.

The Italian Cooperation is a major actor in the MCH sector. Italian Cooperation (IC) has supported infrastructure renovation in some areas of Luanda and are supporting key interventions related to child health, including IMCI, emergency care of children, and protocol development for the treatment of common childhood illnesses. The IC also has invested in HIV surveillance. In the past, JICA has provided equipment to the central maternal hospital.

Civil Society Organizations

Most agencies working in the Luanda environment have noted difficulties in community mobilization and participation due to limited community organization. On the other hand, a variety of civil society groups are playing an increasingly important role in health related issues. Religious groups have traditionally been strong and engaged in social services delivery in Luanda. Of note, also, is CARITAS, which has a network of more than 30 health centers around the city and also has good coverage in the provinces. There is considerable variation in the nature and strength of church involvement among the neighborhoods of the city. The CA will be expected to explore potential partners during early stages of this program.

A variety of citizen groups have emerged to address specific problems or occupational issues. Farmers' associations, parent associations, informal women's market cooperatives are among these. In addition, some groups have formed to address specific community problems. Several PVOs have considerable experience with civil society groups in Luanda (CCF, Save/UK, World Learning, Development Workshop). The applicant is expected to explore ways to work with civil society groups when practical while addressing Activity 3.

G. Management Plan

The recipient will establish an office in Luanda with advice from the CAOL and CAPEL staff. Program implementation will be based on a thorough initial planning activity during the first three month after award of the Cooperative Agreement. During this time program focus municipio(s) will be finalized in partnership with the provincial partners. Cazenga is a possible area for facility-based activities. Final site selection will be conducted by the awardee.

During this initial planning phase, the applicant is expected to consult the variety of implementing partners identified in this RFA as well as others who may either provide useful input for planning or who may be potential collaborators during program implementation. At the end of the 3-month period, a detailed annual workplan and four-year implementation plan will be produced.

Personnel

The MCH program proposes key project personnel who meet the following requirements:

Senior Health Systems Strengthening Expert (suggested expatriate)

- 10 or more years experience in health systems strengthening and policy development
- 5 or more years experience working in Africa
- experience in working effectively with Ministry of Health, multinational and NGO personnel
- excellent interpersonal communications skills
- fluency in English and Portuguese or Spanish
- excellent writing ability—English
- computer skills
- knowledge of monitoring and evaluation systems
- masters/doctoral degree in specialty or public health

Senior Maternal Child Health Advisor (possible expatriate or senior Angolan technical officer)

- 10 or more years experience in maternal and child health programs
- 5 or more years experience in Africa
- experience in monitoring and evaluation of maternal child health programs
- experience in quality improvement experience in working effectively with Ministry of Health, multinational and NGO personnel
- excellent interpersonal communication skills
- fluency in English and Portuguese or Spanish
- excellent writing ability--English
- computer skills
- medical doctor, midwife or nurse with advanced degree in public health or related specialty

One of the above two persons will also have proven management experience (such as chief of party) in personnel and financial management and adherence to grant requirements. Indicate which of the above will serve as Chief of Party for this Cooperative Agreement.

Maternal Child Health Training Specialist (Angolan)

- 7-10 years experience in maternal child health programs, including experience in direct client care
- proven experience in training and supervision
- experience in monitoring and evaluation systems including collection and use of indicators
- excellent interpersonal communication skills excellent writing ability—Portuguese & English
- computer skills
- medical doctor, midwife or nurse with advanced degree in public health or related health specialty

Community Mobilization/Information, Education and Communication Specialist (Angolan)

- 7-10 years experience in community mobilization and information, education and communication
- proven experience in working with communities

- experience in development of communication materials and implementing a variety of communication techniques
- excellent interpersonal communication skills
- excellent writing ability—Portuguese
- computer skills
- bachelors degree and formal training in information, education and communication

Office Manager (Angolan)

- 10 years experience in office management
- excellent interpersonal communication skills
- excellent writing ability—Portuguese
- excellent computer skills including word processing, spreadsheets and internet
- familiarity with USAID regulations an asset
- fluency in English

Accountant/Financial Officer (Angolan)

- 10 years experience in accounting
- excellent interpersonal communication skills
- excellent writing ability
- excellent computer skills including word processing, spreadsheets
- fluency in English

SECTION II – APPLICATION CRITERIA

A. GENERAL PARAMETERS

1. This is a four-year program that will be funded incrementally at a budget level of \$1,500,000 for the first year for a total program budget of approximately \$7,500,000 million.
2. The issuance of this RFA does not constitute an award commitment on the part of the U.S. Government. Further, the U.S. Government reserves the right to reject any or all applications received.
3. An Initial Environmental Examination (IEE) will be required prior to finalization of an award. Therefore, the application should include appropriate information to permit the USAID/Angola Environmental Officer to make an initial assessment of the potential environmental considerations that must be addressed or are excluded from consideration.

B. OTHER REQUIREMENTS

The following are program components that will be considered when selecting an awardee:

- understanding of mission strategy for period 2001 - 2005, specifically SO7
- understanding of the developmental constraints found in Angola as a result of the present conflict situation and poor infrastructure, and

- understanding and demonstrated experience working as one of several partners working toward the same program goals

SECTION III – APPLICATION REQUEST AND GUIDELINES

A. GENERAL APPLICATION INSTRUCTIONS

1. All applications shall be readable and on standard, US letter-sized paper or A4 paper utilizing a 12 pt font. Applicants are asked to limit the body of their application to no more than 30 numbered pages, and all annexes to 40 pages. All annexes should be clearly marked and included at the end of the application, and listed in the table of contents of the application. All annexes and/or supplementary documents must be in English or accompanied by an English translation.
2. Unnecessarily elaborate brochures, photographs, artwork, expensive paper and bindings, and expensive visual and other presentation aids beyond those sufficient to present a complete and effective application in response to this RFA are neither necessary nor wanted.
3. Applicants should complete and attach to their applications the appropriate Certifications, Assurances and Other Statements of Grantee/Recipient which are attachments to this RFA.

B. FORMS AND BUDGET NARRATIVE

1. Standard Forms 424 & 424A

Standard Form 424 is the standard form used by applicants as the required face sheet for applications submitted for Federal assistance. Standard Form 424A is the form used by applicants for presenting overall budget information. Please pay careful attention to the budget instructions. The amount of any applicant's program should be based on applicant's proposed interventions and capacity. It is recommended that minimum and maximum budgets be presented.

Standard Form 424A, Section A requests costs organized by headquarters and field, and by Federal and Non-Federal. This information should be the same as that presented in other sections. Federal refers to the funds requested from USAID, and Non-Federal refers to funding from the applicant and other sources. The amounts for Federal and Non-Federal presented here should be the same as the Estimated Funding presented on the Face sheet, Standard Form 424, 15.a and b, plus any entry for

Field costs should include all funds designated for expenditure in the host-country and site for carrying out the planned program. All field costs must be appropriately distributed in the correct amounts and contained within the correct categories of Standard Form 424A, Section B, as per the guidelines in this RFA.

The Standard Form 424A, Section B is divided into eleven "Object Class Categories". The Object Class Categories must be presented in two columns, "Federal", which are the costs being funded by the USAID portion of the overall program budget, and "Non-Federal",

which are the costs covered by the organization cost-share portion of the entire program budget. The entire program budget must be appropriately distributed and contained within these categories and columns. The categories include Personnel, Fringe Benefits, Travel, Equipment, Supplies, Contractual, Construction, Other, Total Direct Charges, Indirect Charges, and Totals. The Construction category does not apply to this program. Program costs proposed for “training” and for “sub-grants” must be included in the "Other" Object Class Category. For further elaboration on each of the Object Class Categories, please refer to the instructions in Forms 424 and 424A.

2. Budget Narrative

The detailed budget narrative should follow the SF424 and 424A, and should fully define and support the line item costs for both the federally funded (USAID) and non-federally funded (**organization's cost-share**) portions of the budget. Based on the calculations shown in the narrative, the Cognizant Technical Officer (CTO) and the Agreement Officer should be able to easily verify all costs for the proposed program. The costs proposed for “training” and “sub-grants” must be itemized in the explanation of the Object Class Categories within the budget narrative, so that they may be subsequently negotiated and included in the appropriate category of the Cooperative Agreement Budget.

All costs contained in the budget should accurately reflect the planned level of program activities in the program design. For example, the training budget should reflect the specific training activities to be undertaken by the program. If 20% of the program approach includes training, then the budget should reflect the detailed training costs for a 20% level of activity. This same principle should be maintained throughout the budget when itemizing all field costs.

Applications for all program categories should include a detailed procurement plan containing explicit information on how procurements will be accomplished. Carefully read the guidance in 22 CFR 228, Annex A on Equipment, Supplies, and Other, including the sections on restricted goods. USAID/Angola will not authorize the use of USAID funding for any restricted goods. USAID/Angola does not seek waivers for the purchase of non-U.S. motor vehicles, pharmaceuticals, used equipment, or pesticides. The applicant should consider funding such commodities with the non-federal portion of the program budget.

Restricted Goods

- ☒ Pharmaceuticals
- ☒ Pesticides
- ☒ Used Equipment
- ☒ U. S. Government-Owned Excess Property

The recipient is expected to comply with USAID Eligibility Rules for Goods and Services in the Standard Provisions, and 22 CFR Part 228, and use its cost-share for any goods and services that do not comply with these rules.

C. APPLICANT’S PROGRAM DESCRIPTION

1. Executive Summary – Two page maximum, NOT counted toward the 40-page limit.

2. Description of Applicant

This section is a thorough review of your organization's functions, management, past performance, current capacity, strengths and weaknesses, challenges, and future goals.

- Explain your organization's philosophy and approach to providing backstop support to its field projects.
- Describe how programmatic, financial, and other information will flow between HQ and the field to ensure a successful program.
- Briefly describe how the proposed program fits into the applicant's overall concepts and strategic plan, and how the organization will apply lessons learned from participation in other programs/activities worldwide in Angola.
- Describe and document the organization's operations, current agreements, and working relationships with the proposed host country government and other organizations within Angola.
- Provide an organizational chart that clearly delineates the key personnel responsible for technically backstopping this program in your U. S. headquarters office and managing this program in your in-country office. Describe how they fit into the overall organization, and the linkages between the headquarters, regional (if applicable), and field program personnel. Discuss management of this program in the Management Plan.
- Provide information on the U. S.-based and field-based personnel including the percentage of time to be devoted to this program, and to other USAID-funded and non-USAID funded programs.

Past Performance

- Briefly describe your organization's past performance on previous USAID grants.
- If you have been funded in Angola by other institutions, in an annex include the summary and recommendations of any existing evaluations from those programs. If applicable, describe how the proposed program builds on your previous in-country experience from an organizational point of view only.
- List separately in an annex all federally and non-federally-funded contracts, grants or cooperative agreements involving similar or related programs in Angola. Include (1) the name of the organization or agency funding the programs, (2) the contact person at the organization, (3) the total program budget, and areas where activities were or are being implemented, (4) the start and end dates, and (5) the

main program activities. If applicable, describe how the proposed program builds on your previous in-country experience from an organizational point of view only.

3. Program Design

Based upon pre-submission in-depth knowledge, this section of the application describes the program, with background information on the potential site(s) for the program, problem identification, and rationale for your choice of interventions, methodologies, and strategies related to the problems described. The program approach discusses the program strategies and interventions that will be fully developed during the first 6 months after award.

Therefore responses should deal with the how and why aspects of the program design and implementation and the specific methodology that will be followed to finalize the design phase and the four-year work plan, issues of capacity building, sustainability, management, and measuring progress toward results should be described and discussed.

Responses should be concise, but more complete than a list.

(a) Problem Analysis and Strategy Options - This section of the application provides an opportunity to discuss the proposed field sites, methodology for selection of appropriate MCH interventions the program will address. Include other donor activities, and the capability of local organizations. Also include the host country plans, inputs, and capability.

- Describe the process to be used to finalize the program site (s).
- Describe the beneficiary population, gender considerations, and proposed numbers of people/families being assisted.
- Concisely state the problem the program will address.
- Briefly detail the expected host country contributions and monetary value of the in-kind contributions.
- Identify the potential local organizations and/or groups participating in the program.
- Briefly describe how the selected program strategy is consistent with the policies of the national government, and with the USAID/Angola's strategic objectives; or if known inconsistencies, elaborate how they will be addressed.

(b) Program Approach - USAID is soliciting creative and innovative ideas for this program. Describe what is to be done, who is going to do it, how they will get it done, when the different phases will be accomplished, and how it will be measured to demonstrate achievements and successes, as well as pitfalls, problems, and disasters. From this section, any reader should understand the structure of the planned program.

- In a narrative, state the proposed program's goal(s), objective(s) and the indicator(s) proposed for measuring achievements for each objective. As appropriate, include objectives and indicators for capacity building as well as technical areas of intervention. These objectives, indicators and methodologies may be graphically represented as a matrix in the Monitoring and Evaluation Plan
- Describe your overall program approach and structure, including program strategies that address the main constraints described in the problem analysis.

(c) Sustainability

- Define what sustainability means from the prospective of your program.
- Describe the comparative advantage(s) of the proposed program (why clients would choose your program's services over the others).
- Discuss in brief the organization's devolution strategy for transferring all activities to the local partner.

(d) Management Plan - Describe the overall strategy and tools you will use to successfully manage the proposed program, specifically in the following areas:

- Qualifications and Responsibilities of Key Staff - Identify and briefly describe the qualifications (training and experience) for the key field staff positions in the proposed program. List the main responsibilities and estimate the number of person-months programmed for each position. Provide in an annex resumes (if already hired), and position descriptions.
- Organizational Structure and Lines of Communication – Describe:
 - The proposed management structure for this program, including the roles of all principal organizations involved at the levels of organization HQ, project field operations, local partner organizations, and the target community,
 - Specify reporting relationships and lines of communication within and between each of these organizations,
 - Specific systems that will be put in place to ensure effective backstop support to this project
- Human Resource Management – Describe:
 - The selection criteria you used to identify key staff for the proposed program,
 - Any training or orientation programs that will be conducted to ground local-hire project staff in the core competencies that are required to ensure their successful contributions to this project.
 - Your organization's approach to addressing conflicts that may arise between organizations or individuals at the various levels of the project (e.g. between project staff and local partners; HQ backstop staff and field staff; community leaders and project or partner staff, etc.)
- Financial Management – Describe:
 - The roles and responsibilities of project staff vis-à-vis budgeting, monitoring, and reporting on the financial status of the project.
 - How your program will track costs incurred, including costs for labor, equipment, supplies, and facilities.

- Community Participation – Describe:
 - How the program will manage community participation, including a discussion of any systems that will be established to ensure strong working relationships with communities, and to monitor the project's responsiveness to community needs.
 - The frequency and nature of interactions between the project and communities served, and identify which staff will work with which community groups.
- Present Performance Monitoring and Evaluation - A well-designed program with a concise, manageable set of objectives that accurately reflect the results and impact that the program seeks to achieve and a clear set of indicators to measure program performance. Applicants are urged to elaborate the potential monitoring and evaluation plan for their proposed program based upon pre-submission knowledge and to outline the proposed strategy to be followed during the 3 month design period to fully elaborate a recommended performance and evaluation plan during the three-year implementation phase. Discuss methodology of designing and conducting baseline surveys and the anticipated surveys required.

Discuss how the objectives and indicators described in the Program Design will be measured, including 1) the results-oriented program objectives which identify what the program hopes to accomplish; 2) indicator(s) that match each program objective, and define what will be measured to determine whether the objective has been achieved; 3) how the indicator will be measured; and 4) the inputs or major activities that are needed to achieve the objective.

Discuss your plans for conducting assessments, studies, or surveys in the program site. Describe proposed efforts to document, assess or test the effectiveness of new approaches. Discuss the method for evaluating how the partners are meeting their responsibilities, and elaborate on any tools you will develop or use.

SECTION IV. REVIEW PROCESS AND EVALUATION CRITERIA

A. REVIEW PROCESS

All applications which meet the eligibility and program requirements, and conform to the application preparation and submission instructions, will be reviewed and scored by a panel of USAID reviewers with the evaluation criteria set forth in this section.

The budget narrative of all applications under consideration for award will be reviewed for what are necessary and reasonable costs to support the program. The budget narrative should identify the two phases: the elaboration and design phase, and the implementation phase. Upon completion of its initial review of applications, USAID may, as it deems necessary and appropriate, conduct written and/or oral discussions with those applicants whose applications remain in the competitive range. The decision to conduct such discussions should not be

considered a reflection of a final decision about which organizations will receive an award, but rather would be part of the evaluation process.

B. EVALUATION CRITERIA

The following criteria will be used to evaluate the applications:

SCORING CRITERIA	POINTS
<p>1. Problem Analysis, Strategy Options and Program Approach</p> <p>Factors:</p> <ul style="list-style-type: none"> - Problem statement for country is compelling and clearly defined. - Clear analysis and justification of proposed strategies, and interventions. - Overall program goals, objectives indicators, approaches and structure are clearly defined. - Detailed discussion of technical interventions. - Adequate justification of proposed strategies to be developed during design phase. - Methodology for selection of each proposed partner include type and background of organization, and current capacity (technical, financial, human, & material resources). - Strengthen the capacity of Angolan organizations and plan for phase out at the end of the award. - Exit strategy should insecurity or environment significantly change. - Detailed discussion of methodology for site selection. - Discussion of plans to address specific constraints. 	30
<p>2. Applicant's Qualifications</p> <p>Factors:</p> <ul style="list-style-type: none"> - Organization's purpose, mission, vision, major sectors of involvement, current capacity, methods of operation and management (financial, human, & technical). - <u>Past performance</u> in the proposed country, and/or experience in technical (i.e. maternal & child health development interventions) and program areas (designing, planning, implementing, monitoring & evaluating) similar to those proposed for this project. - Experience in transferring technical and management skills to local partner organizations. - Fit of application with USAID's strategic plan, and clear strategy for applying lessons learned from other similar programs in Angola. - Technical resources and staff available for program design and implementation. 	30

3. Sustainability 10
Factors:
 - Clearly defined concept of sustainability discussed; objectives, indicators, planned activities elaborated upon, with appropriate strategies for measurement.
 - Adequate description of program interventions' comparative advantage
 - Appropriate level of community and host country involvement in planning for and contributing to financial & other sustainability, including cost-recovery.
4. Budget no points assigned
Factors:
 - HQ costs \leq 15 % of direct costs.
 - HQ & field costs are realistic and reflect planned level of program activities.
 - Budget narrative itemizes expected program costs, and demonstrates appropriate use of USAID and cost-share funds.
 - **Organization's cost-share reflects up to 25% of total budget**, demonstrates partner's participation in planning.
 - Budget demonstrates phase out for recurrent costs.
5. Strategy for Angolan organization involvement 10
Factors:
 - Discussion on Local Organization's capacity criteria and development.
 - Management Plan of Local Organization formation and capacity building of Organization.
6. Performance Monitoring and Evaluation 10
Factors:
 - Results-oriented program objectives identified and discussed.
 - Indicators match program objectives, and define what will be measured to evaluate achievements.
 - Clear and realistic description of how indicators will be measured.
 - Clear strategy for developing a complete monitoring and evaluation plan for proposed program.
7. Management Plan 10
Factors:
 - Management structure includes roles of key organizations, staffing and supervisory relationships, with clearly defined roles and responsibilities.
 - Overall strategy and tools to manage program.
 - Key staff qualifications and responsibilities.

- Organizational structure and lines of communication
- Financial management.
- Feasible 4-year work plan.

SCORING SUMMARY

1. Problem Analysis, Strategy Options and Program Approach	30
2. Applicant's Qualifications	30
3. Sustainability	10
4. Budget	no points assigned
5. Strategy for Angolan Organization Involvement	10
6. Performance Monitoring and Evaluation	10
7. Management Plan	<u>10</u>
TOTAL	100

SECTION V. NEGOTIATION AND AWARD

A. AUTHORITY TO OBLIGATE THE GOVERNMENT

The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed Cooperative Agreement may be incurred before receipt of either a fully executed Cooperative Agreement or a specific, written authorization from the Agreement Officer. If recommended for an award, it is the responsibility of the Agreement Officer to make a responsibility determination regarding your organization. Prior to any award decision, the Agreements Officer may request a pre-award survey of the applicant organization(s) to assess financial management capabilities and to confirm all factors of eligibility for this program.

B. Negotiations

Budget negotiations will be conducted using OMB Applicable Cost Principles and other USAID Guidance that may apply. These negotiations will entail a breakdown of each line item, and reduce to writing all understandings between USAID and the Recipient. The Agreement Officer may request, from prospective recipients, additional information regarding the budget figures. In the event that this application is funded, a Cooperative Agreement Budget (CAB) will be drafted and negotiated between USAID and the recipient. The Cooperative Agreement Budget in the award document will be based on the 424A budget and the budget narrative submitted by the recipient.

ATTACHMENTS

- CERTIFICATIONS, ASSURANCES AND OTHER STATEMENTS OF GRANTEE/RECIPIENT (**US Organizations or non-US Organization with performance in US**)
- CERTIFICATIONS, ASSURANCES AND OTHER STATEMENTS OF GRANTEE/RECIPIENT (**Non-US Organizations; no performance in US**)
- Forms **SF 424** and **424a**

CERTIFICATIONS, ASSURANCES AND OTHER STATEMENTS OF
GRANTEE/RECIPIENT

(US Organizations or non-US Organization with performance in US)

**1. ASSURANCE OF COMPLIANCE WITH LAWS AND REGULATIONS
GOVERNING NON-DISCRIMINATION IN FEDERALLY ASSISTED
PROGRAMS**

a). The applicant/grantee hereby assures that no person in the United States shall, on the bases set forth below, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under, any program or activity receiving financial assistance from USAID, and that with respect to the grant for which application is being made, it will comply with the requirements of:

1) Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352, 42 U.S.C. 2000-d), which prohibits discrimination on the basis of race, color or national origin, in programs and activities receiving Federal financial assistance;

2) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving Federal financial assistance;

3) The Age Discrimination Act of 1975, as amended (Pub. L. 95-478), which prohibits discrimination based on age in the delivery of services and benefits supported with Federal funds;

4) Title IX of the Education Amendments of 1972 (20 U.S.C. 1681, et seq.), which prohibits discrimination on the basis of sex in education programs and activities receiving Federal financial assistance (whether or not the programs or activities are offered or sponsored by an educational institution); and

5) USAID regulations implementing the above nondiscrimination laws, set forth in Chapter II of Title 22 of the Code of Federal Regulations.

b). If the applicant/grantee is an institution of higher education, the Assurances given herein extend to admission practices and to all other practices relating to the treatment of students or clients of the institution, or relating to the opportunity to participate in the provision of services or other benefits to such individuals, and shall be applicable to the entire institution unless the applicant/grantee establishes to the satisfaction of the USAID Administrator that the institution's practices in designated parts or programs of the institution will in no way affect its practices in the program of the institution for which financial assistance is sought, or the beneficiaries of, or participants in, such programs.

c). This assurance is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts, or other Federal financial assistance extended after the date hereof to the applicant/grantee by the Agency, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The applicant/grantee recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in

this Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the applicant/grantee, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the applicant/grantee.

2. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS - PRIMARY COVERED TRANSACTIONS

a). Instructions for Certification

- 1) By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
- 2) The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
- 3) The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
- 4) The prospective primary participant shall provide immediate written notice to the department or agency to whom this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 5) The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meaning set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
- 6) The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
- 7) The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," provided by the department or

agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

- 8) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the methods and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the no-procurement List.
- 9) Nothing contained in the foregoing shall be construed to require establishment of a System of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealing.
- 10) Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

(b) Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions

- 1) The prospective primary participant certifies to the best of its knowledge and belief, the it and its principals:
 - i) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - ii) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - iii) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(B) of this certification;
 - iv) Have not within a three-year period proceeding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- 2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

3. **CERTIFICATION REGARDING DEBARMENT, SUSPENSION,
INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED
TRANSACTIONS**

a). Instruction for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- 2) The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- 3) The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 4) The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this clause, has the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.
- 5) The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- 6) The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier covered Transaction,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- 7) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non-procurement List.
- 8) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is

normally possessed by a prudent person in the ordinary course of business dealings.

- 9) Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

(b) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions

- 1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- 2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

4. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

a). Instructions for Certification

- 1) By signing and/or submitting this application or grant, the applicant/grantee is providing the certification set out below.
- 2) The certification set out below is a material representation of fact upon which reliance was placed when the agency determined to award the grant. If it is later determined that the applicant/grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
- 3) For applicants/grantees other than individuals, Alternate I applies.
- 4) For applicants/grantees who are individuals, Alternate II applies.

b). Certification Regarding Drug-Free Workplace Requirements

Alternate I

- 1) The applicant/grantee certifies that it will provide a drug-free workplace by:
 - i) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the applicant's/grantee's workplace and specifying the actions that will be taken against

employees for violation of such prohibition;

ii) Establishing a drug-free awareness program to inform employees about--

1. The dangers of drug abuse in the workplace;
2. The applicant's/grantee's policy of maintaining a drug-free workplace;
3. Any available drug counseling, rehabilitation, and employee assistance programs; and
4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c). Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (b)(1)(A);

d) Notifying the employee in the statement required by paragraph (b)(1)(A) that, as a condition of employment under the grant, the employee will--

1. Abide by the terms of the statement; and
2. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;

e) Notifying the agency within ten days after receiving notice under subparagraph (b)(1)(D)1. from an employee or otherwise receiving actual notice of such conviction;

f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (b)(1)(D)2., with respect to any employee who is so convicted--

1. Taking appropriate personnel action against such an employee, up to and including termination; or
2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (b)(1)(A), (b)(1)(B), (b)(1)(C), (b)(1)(D), (b)(1)(E) and (b)(1)(F).

(2) The applicant/grantee shall insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Alternate II

The applicant/grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the grant.

5. CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

- 1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.
- 2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, United States Code.

Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

CERTIFICATION

The Grantee/Recipient, by signing below, provides the required certification for the following items

ASSURANCE OF COMPLIANCE WITH LAWS AND REGULATIONS GOVERNING NON-DISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER
RESPONSIBILITY MATTERS -- PRIMARY COVERED TRANSACTIONS**

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY
AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS**

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

CERTIFICATION REGARDING LOBBYING

Name of Grantee/Recipient

Name and Title

Signature _____ Date

**CERTIFICATIONS, ASSURANCES AND OTHER STATEMENTS OF
GRANTEE/RECIPIENT**

(Non-US Organizations; no performance in US)

**1. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER
RESPONSIBILITY MATTERS -- PRIMARY COVERED TRANSACTIONS**

a). Instructions for Certification

- 1) By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
- 2) The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
- 3) The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
- 4) The prospective primary participant shall provide immediate written notice to the department or agency to whom this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 5) The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meaning set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
- 6) The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
- 7) The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered

transactions and in all solicitations for lower tier covered transactions.

- 8) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the methods and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non-procurement List.
- 9) Nothing contained in the foregoing shall be construed to require establishment of a System of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealing.
- 10) Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

(b) Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions

- 1) The prospective primary participant certifies to the best of its knowledge and belief, the it and its principals:
 - i) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - ii) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - iii) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(B) of this certification;
 - iv) Have not within a three-year period proceeding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- 2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**2. CERTIFICATION REGARDING DEBARMENT, SUSPENSION,
INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED
TRANSACTIONS**

(a) Instruction for Certification

- 1) By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- 2) The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- 3) The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 4) The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntary excluded,” as used in this clause, has the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.
- 5) The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- 6) The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier covered Transaction,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- 7) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non-procurement List.
- 8) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9) Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

b) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions

- 1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- 2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

3. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

(a) Instructions for Certification

- 1) By signing and/or submitting this application or grant, the applicant/grantee is providing the certification set out below.
- 2) The certification set out below is a material representation of fact upon which reliance was placed when the agency determined to award the grant. If it is later determined that the applicant/grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
- 3) For applicants/grantees other than individuals, Alternate I applies.
- 4) For applicants/grantees who are individuals, Alternate II applies.

(b) Certification Regarding Drug-Free Workplace Requirements

Alternate I

- 1) The applicant/grantee certifies that it will provide a drug-free workplace by:
 - a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the applicant's/grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

- b) Establishing a drug-free awareness program to inform employees about--
- i). The dangers of drug abuse in the workplace;
 - ii). The applicant's/grantee's policy of maintaining a drug-free workplace;
 - iii). Any available drug counseling, rehabilitation, and employee assistance programs; and
 - iv). The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (b)(1)(A);
- d) Notifying the employee in the statement required by paragraph (b)(1)(A) that, as a condition of employment under the grant, the employee will--
- i). Abide by the terms of the statement; and
 - ii). Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
- e) Notifying the agency within ten days after receiving notice under subparagraph (b)(1)(D)1. from an employee or otherwise receiving actual notice of such conviction;
- f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (b)(1)(D)2., with respect to any employee who is so convicted--
- i). Taking appropriate personnel action against such an employee, up to and including termination; or
 - ii). Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (b)(1)(A), (b)(1)(B), (b)(1)(C), (b)(1)(D), (b)(1)(E) and (b)(1)(F).
- (2) The applicant/grantee shall insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Alternate II

The applicant/grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the grant.

4. CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, United States Code.

Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

CERTIFICATION

The Grantee/Recipient, by signing below, provides the required certification for the following items

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS -- PRIMARY COVERED TRANSACTIONS

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

CERTIFICATION REGARDING LOBBYING

Name of Grantee/Recipient

Name and Title

Signature _____ Date